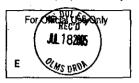
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FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2004 Through: 12 / 31 / 2014	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Julie Ann N Price	Name New York State United Teachers	
	Labor Organization File Number 070-581	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1515 Carney Road	Street 800 Troy-Schenectady Road	
City Castleton on Hudson	City Latham	
State New York ZIP Code + 4 12033	State New York ZIP Code + 4 12110	
5 Position in Jahor organization		
Manager, Travel & Conference	Srvcs	
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
According to the second		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signa	ature	
15. Signature and verification. The undersigned declares, under penalty of f submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	
submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)	
submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing Julie Ann Price	File Number U-39/	9
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Hilton Gardin Inn Albany Airport		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 800 Albany Shaker Road	Statemanted	
City Colonie		
State New York ZIP Code + 4 12211		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	de la companya de la
Name	use hotel for regular business me overnight accommodations	etings and related
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street (11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	South of the second sec
State ZIP Code + 4	lunch	The state of the s
	12.b. Amount.	ect \$20
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	po Mallari (1979), sansang y salahilikalika (1975), dalahika ngang 1975), kalikalika (1975), sansang 1975, kalika (1975), sansang 1975, sansang 1975, kalika (1975), s
(Including trade name, if any).		enterethorite de en en
Name		cumments on states
Trade Name, if any:		Hillowateramana
P.O. Box, Bldg., Room No., if any		one Household was a
Street		emilianismi ethios
City		conservation and the state of t
State State Zip Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

File Number U-34/14	

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Classe Catering	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 2 Petra Land	c. Employer	
City Albany		
State New York ZIP Code + 4 12205		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	bidding for vendor for on-premise catering operation	cafeteria/
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	no a manadificialmente (Managaman personal perso
	lunch	
		and the second s
	12.b. Amount.	est. \$20

Name of Person Filing	Julie	Ann	Price

File Number U-34/4

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Otesaga Hotel	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	O. IYUSI	
Street 60 Lake Street	c. Employer	
City Cooperstown	•	
State New York ZIP Code + 4 13326		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	raamaa muussinaasaa ka peraagrak saakkonaasaa jo oo ookki oo oo ookki in oo
Name Trade Name, if any:	board retreat	
P.O. Box, Bldg., Room No., if any		
Street		
City City City City City City City City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	-
	lunch	
	12.b. Amount.	est, \$20

Name of Person Filing	Julie	Ann	Price
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File Number	v-3414
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9. Business deals with: a. Labor Organization b. Trust c. Employer
11.a. Nature of such dealing.
regular business meetings and overnights
11.b. Approximate dollar value of such dealing.
12.a. Nature of interest held or income received. 1umch 12.b. Amount.

Name of Person Filing	Julie	Ann	Price
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File Number U- 3///

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Desmond Hote1 Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street 660 Albany Shaker Road	c. Employer		
City Albany			
State New York ZIP Code + 4 12211			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	regular business meetings and overnights 11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	holiday oranament		
	12.b. Amount.		

File Number U-34/4

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sagamore Hotel	a. Labor Organization		
Trade Name, if any:	Minore TA		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 110 Sagamore Road	c. Employer		
City Bolton Landing			
State New York ZIP Code + 4 12814			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	prospect for future meeting site	to description of the second o	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		And the second s	
Street		artimeter (
		i di	
City		n. Jean ven	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	lunch	A Company of the Comp	
		and the second s	
	The Same to be a first to the same that		
		10.07000 1 10.07000	
		a noncome contraction of a contract to the contract of the con	
	12.b. Amount.	est \$40	